

what limited initial focus. Here is a program that is still in the process of widening its horizons. Here is a program that has gradually become more comprehensive in terms of people covered, in terms of scope of work, and in terms of interagency cooperation.

I would expect that the comprehensive health planning program embodied in P.L. 89-749 will develop along similar lines, step by step rather than all at once. In the meantime there are many questions that need to be answered, such as: Who is a consumer? Where will we find the people to do the planning and to provide the services? How can priorities be set? How can the best use be made of existing skills and organizations? I suppose these questions will all be answered in time, but we need to start working on the answers now and we need all the help we can get.

## Mental Health Services

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We in the mental health field are concerned that the previous experience in mental health planning—both comprehensive mental health planning and community mental health centers planning—will make an active and effective contribution to comprehensive health planning. We are also concerned that the expertise in the social and behavioral sciences which always have been closely associated with the mental health field will also be able to make its maximum contribution to comprehensive health planning.

In terms of our more immediate concerns in mental health, two statements of the Surgeon General are of special interest. First, he noted that the National Institute of Mental Health has deep roots in State and community planning, and later he discussed what experiences provide the “launching pad” for the kind of social action now required. He then cited three innovative experiments that form some base of experience: hospital planning, the new regional medical programs, and the community mental health effort. The third he described as “one of the most exciting and promising developments in health in our time.”

It is the activity around one of these launching pads, the community mental health effort, which I shall describe briefly in order to suggest how it has prepared the groundwork for our new and expanded activity in comprehensive health planning.

Comprehensive mental health planning was initiated in 1963 and funded in 1964. Final reports of comprehensive planning were submitted by all the States and territories save one. This planning resulted in a number of particularly noteworthy achievements that have served to set the stage for the community mental health centers planning and can be a substantial asset in the new comprehensive health planning.

1. It mobilized active citizen participation that resulted in a broad public awareness of mental health problems and of the relationships between mental health problems and the broader approaches and problems of public health.

2. It provided an assessment of statewide resources in manpower, facilities, and services for mental health.

3. It identified critical mental health needs and mental health related needs.

4. Through special task forces it provided in-depth evaluations of special health problems, such as alcoholism, narcotics, and services for children.

5. It made general and specific recommendations about what kinds of legislation, organization changes, and financial patterns would improve the delivery and ultimate effectiveness of mental health services.

The comprehensive plan was the first-stage rocket for the later development of additional thrust through the community mental health centers planning. The centers planning also resulted in a number of accomplishments which can be briefly highlighted as foreshadowing the philosophy, procedure, and policy that have now been incorporated in the comprehensive health planning:

1. The centers program in many States provided a context for developing close working relationships between the health department and the mental health department, since the expertise for construction was often in the Hill-Burton agency of the health department, and

the knowledge of mental health programing was in the mental health department.

2. The centers program developed a concept of planning in which the developing of specific programs, the use of personnel, and the requirements of construction were closely interlinked. The program's working assumption was similar to that of comprehensive health planning, as stated by Dr. James H. Cavanaugh, that is, manpower, facilities, and service are closely intertwined and must be considered together.

3. The program developed new patterns of geographic responsibility for mental health service through the division of the State into regions and the development of catchment areas for specific centers projects. This has brought into sharp relief the problems of bringing mental health services to high-risk populations.

4. The program generated extensive data in its priority system, which was expanded in a sophisticated fashion to include measures of population, resources, mental health needs, mental health related needs, and, most important, systematic and generally available measures of socioeconomic needs.

These are but a few illustrations of broad accomplishments that set the stage for even greater thrust in the continued community mental health centers planning and efforts which will be made possible through Senate bill 3008, which has now graduated to the less familiar but more dependable title of Public Law 89-749. The work that has been accomplished so far makes even clearer the necessity for a continuous planning process at the State level, as well as for the effective extension of planning to areawide and local levels.

To illustrate, the following are several areas that we are hoping to give increasing emphasis through the centers plan and the comprehensive health plan.

1. The 1965 community mental health State construction plan was not always able to integrate fully the comprehensive health plan with the centers plan because of the time pressure to submit centers plans. The 1966 plan should not only better integrate the comprehensive mental health planning, but should begin to look to its possible future relationships to comprehensive health.

2. The centers plan stresses in its guidelines that there be energetic efforts to relate effectively the centers program to other State and Federal programs which could improve, enlarge, or contribute to the development of mental health centers. We are hoping to see this area of planning accentuated through the centers planning and comprehensive health planning.

3. Many discussions have been concerned with the importance of and methods for integrating special mental health problems, such as alcoholism, narcotics addiction, and suicide, when appropriate, with the programs of community health centers. However, much of the planning for such relationships has yet to be accomplished.

4. Both the centers program and the comprehensive mental health planning were concerned about financial support for community mental health programs. This needs increased specific attention if the goal of strong multiple funding is to be strengthened. In this connection, the monitoring of the impact of Medicare and private insurance on mental health services is particularly critical.

5. Of especial concern to those connected with the centers planning has been the further development of planning in large metropolitan areas, so that feasible overall metropolitan plans will provide for coverage ultimately of all areas of the city, particularly those of great need, and for an effective integration with related Federal programs and resources.

6. Special attention must also be paid to how services can be developed for rural areas in great need but woefully lacking in financial support, concentrated populations, and professional manpower.

I have briefly cited some outstanding achievements in our previous planning that have helped to lead logically and systematically into the larger approach to comprehensive health planning. Those who have been associated with the development of the centers program at the local, State, and Federal levels find it gratifying to have participated in a program which has in part set the stage for the larger effort to insure more accessible and more effective comprehensive health care for everyone.